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CONFIRMATION NO. 5363

SERIAL NUMBER 10/533,070	FILING OR 371(c) DATE 04/28/2005 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 899-67103-02
APPLICANTS Dennis R. Trune, Tigard, OR;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/34591 10/29/2003 which claims benefit of 60/422,470 10/29/2002 ** FOREIGN APPLICATIONS *****				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY OR	SHEETS DRAWING	TOTAL CLAIMS 27 INDEPENDENT CLAIMS 2
ADDRESS 24197				
TITLE Fludrocortisone treatment for hearing loss				
FILING FEE RECEIVED 705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	